

INSTRUCTIONS

HOW TO USE THE 75-5 AND 75-5A ADOBE ACROBAT SCREEN FILLABLE GENERAL ADMISSIONS APPLICATION FORMS

You can enter information directly onto the form from this screen or print using your PRINT button from your browser toolbar.

To enter information directly onto the form from this screen, follow the procedures listed below and then **CLICK** on your PRINT button on your browser toolbar. You may exit the screen or save the completed form by **CLICKING** on FILE/SAVE on the browser menu.

Follow these procedures to use this form:

- ♦ The document is ready for you to begin entering information.
- ♦ You can either TAB between the fields or CLICK in the field you wish to enter information and type.
- ♦ Fields have been formatted to adjust automatically.
- ♦ You can CLICK in the CHECK BOX or use your SPACE BAR to mark the box.
- ♦ The STATUS BAR at the bottom of your screen provides informational tips about the fields.

When completed you can print a hardcopy and/or save this document.

FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

*O.M.B No. 3067-0024 Expires
September 30, 1999*

SECTION I - GENERAL INFORMATION

1. U.S. Citizen ☐ YES ☐ NO

If no, Place of Birth:

2. NAME (*As you would like it to appear on your certificate.
Last, First, Middle, Suffix*)

3. DATE OF BIRTH
(Mo., Day, Yr.)

4. SOCIAL SECURITY NO.

5. SEX
☐ Male
☐ Female

6. HOME ADDRESS (*Street, avenue, road no./city or town/State and zip code*)

7a. WORK PHONE NO.

7b. HOME PHONE NO.

6b. EMAIL ADDRESS:

7c. FAX NO.

8. PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOUR ANCESTRAL HERITAGE (**Providing this information is voluntary**)

☐ AMERICAN INDIAN or ALASKAN NATIVE
☐ BLACK, not of Hispanic origin

☐ ASIAN or PACIFIC ISLANDER
☐ WHITE, not of Hispanic origin

☐ HISPANIC

9a. ENTER COURSE CODE AND TITLE:

9b. COURSE LOCATION

9c. DATES REQUIRED (*Please give three choices*)

10. COMPLETE THE ITEM BELOW REGARDING THE PREREQUISITES OF THE COURSE(S) FOR WHICH YOU ARE APPLYING

INSTITUTION

DEGREE/CERTIFICATE

DATE EARNED

COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES (*Including special allergies or medical disabilities*) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC? ☐ NO ☐ YES (*If yes describe & indicate any special considerations required on a separate sheet*)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

12b. NFIRS #
(NFA ONLY)

13. CURRENT POSITION AND
NUMBER OF YEARS IN
POSITION

14. CHECK THE BOX(ES) THAT BEST DESCRIBE YOUR ORGANIZATION

14a. JURISDICTION

☐ STATEWIDE
☐ COUNTY GOVERNMENT
☐ CITY/TOWN/VILLAGE

☐ SPECIAL DISTRICT/TOWNSHIP
☐ FEDERAL/MILITARY
☐ INDUSTRY/BUSINESS

☐ FOREIGN
☐ FEMA
☐ NDER/IMA

14b. ORGANIZATION

☐ ALL CAREER
☐ ALL VOLUNTEER
☐ COMBINATION

15. CURRENT STATUS

☐ PAID FULL TIME
☐ PAID PART TIME
☐ VOLUNTEER
☐ DISASTER RESERVIST

16. Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented, indicating your position. If you need more space, please attach a sheet to this application.

17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY

1. ☐ MANAGEMENT
2. ☐ TRAINING/EDUCATION
3. ☐ SCIENTIFIC/ENGINEERING
4. ☐ INVESTIGATION
5. ☐ FIRE PREVENTION
6. ☐ FIRE SUPPRESSION
7. ☐ PROGRAM/ACTIVITY
8. ☐ HEALTH
9. ☐ PUBLIC WORKS
10. ☐ DISASTER RESPONSE/RECOVERY
11. ☐ EMERGENCY MEDICAL SERVICES
12. ☐ HAZARD MITIGATION
13. ☐ EMERGENCY PREPAREDNESS
14. ☐ OTHER (Specify)

b. TYPE OF ORGANIZATION

1. ☐ INCIDENT COMMAND
2. ☐ ADMINISTRATION/STAFF SUPPORT
3. ☐ SUPERVISION
4. ☐ BUDGET/PLANNING
5. ☐ PROGRAM DEVELOPMENT/DELIVERY
6. ☐ COORDINATION/LIAISON
7. ☐ PUBLIC EDUCATION
8. ☐ CODE DEVELOPMENT
9. ☐ CODE ENFORCEMENT/INSPECTION
10. ☐ SUPPORT SERVICES
11. ☐ RESEARCH AND DEVELOPMENT
12. ☐ ARSON
13. ☐ LAW ENFORCEMENT
14. ☐ DESIGN AND PLANNING
15. ☐ OTHER (Specify)

17c. NUMBER OF YEARS EXPERIENCE _____

SECTION III – ENDORSEMENT AND CERTIFICATION

- 18 a. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the National Emergency Training Center (NETC) if I am admitted as a student. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).
- b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
- c. Further, I understand the NETC is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- d. I agree to abide by the rules, policies, and regulations of NETC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NETC courses.

SIGNATURE OF APPLICANT

DATE

19. Approval by the Head of the Sponsoring Organization:

19a. SIGNATURE

19b. PRINTED NAME AND TITLE

20. Additional endorsements for application to the Emergency Management Institute:

20a. SIGNATURE (State Office)

20b. SIGNATURE FEMA (FEMA Regional Office)

21a. FOR NFA COURSES DELIVERED IN EMMITSBURG, MD
SUBMIT APPLICATION TO:

**NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS
16825 SOUTH SETON AVENUE
EMMITSBURG, MD 21727**

21b. FOR EMI COURSES IN EMMITSBURG, MD, SUBMIT
THE APPLICATION THOROUGH THE APPROPRIATE STATE
EMERGENCY MANAGEMENT COORDINATOR AND FEMA
REGION TO NETC.

21c. FOR FIELD PROGRAM COURSES, SUBMIT
APPLICATION TO APPROPRIATE SPONSOR.

22. DISPOSITION

☐ ACCEPTED ☐ REJECTED

SIGNATURE OF REVIEWER

DATE

PRIVACY ACT STATEMENT

GENERAL – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the National Fire Academy (NFA) or the Emergency Management Institute (EMI).

AUTHORITY – Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301; 44 U.S.C. 3101, 50 U.S.C. App. 2253, E.O. 12127, and E.O. 12148.

PURPOSES AND USES – The principal purpose of the information requested on this form will be used to determine eligibility for attendance and benefits to be gained. Information such as age, sex, and ancestral heritage is used for statistical purposes and may be a factor in enhancing cultural diversity in the classroom. Information may be provided to the FEMA Staff to analyze application and enrollment patterns for specific courses. If accepted for admission, certain information may be released to a physician to provide medical assistance to students who become ill or are injured during courses; to Members of the Board of Visitors for the purpose of evaluating the participants of the courses; to sponsoring States, local officials, or State training agencies to update statistics of NFA and EMI applicants from their States or local jurisdiction; to a Member of Congress in response to an inquiry made at your request. Information will only be used or released as permitted by law.

EFFECTS OF NONDISCLOSURE – Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b) – Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address. Please return it to the address shown in block 21.